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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

ONID APPROVAL						
OMB Number:.	3235-0076					
Expires:	May 31, 2005					
Estimated average burden						
hours per form	16.00					

OMP ADDDOVAL

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6). AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
	1					
DATE F	RECEIVED					

Name of Offering (check if this is an amendment and name has changed, and indicate change.) May 2003 Bridge Financing PROCESSED									
May 2003 Bridge Financing									
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: Amendment									
Type of Filing: New Filing Amendment									
A. BASIC IDENTIFICATION DATA THOMSON									
1. Enter the information requested about the issuer									
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)									
ORGANOTEK DEFENSE SYSTEM CORPORATION									
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)									
3801 COMMERCE PARKWAY MIRAMAR, FL 33025 (954) 455-6918									
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Yumber (Including Area Code)									
(if different from Executive Offices)									
Brief Description of Business									
Commercialization of technology developed in Russia and the Ukraine									
MAY 9 0 2003									
Type of Business Organization									
☐ corporation ☐ limited partnership, already formed ☐ corporation ☐ corpo									
business trust limited partnership, to be formed									
Month Year									
Actual or Estimated Date of Incorporation or Organization: 0 6 0 2 Actual *Estimated**									
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Sevice abbreviation for State:									
CN for Canada; FN for other foreign jurisdiction) D E									

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
• Each promotor of the issuer, if the issuer has been organized within the past five years;		
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more issuer; 	e of a class of eq	juity securities of the
• Each executive officer and director of corporate issuers and of corporate general and managing partners of p	partnership issue	ers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	Director	General and/or Managing Partner
Full Name (Last name first. if individual)		
LAGUTENKO, OLEG		
Business or Residence Address (Number and Street, City, State, Zip Code)		
3801 COMMERCE PARKWAY, MIRAMAR, FLORIDA 33025		
The state of the s	Director 🔲	General and/or Managing Partner
Full Name (Last name first, if individual)		
SIMONIAN, ROUBEN Business or Residence Address (Number and Street, City, State, Zip, Code)	And the second of the second	
	-	
3801 COMMERCE PARKWAY, MIRAMAR, FLORIDA 33025	<u> </u>	1 1/
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip, Code)		
	-	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		ivialiaging I artifel
run Name (Last name 115t, 11 mulvidual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Business of Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	Director 🗌	General and/or
Check Box(cs) that Appriy. Tromoter and process of the process of	interior	Managing Partner
Full Name (Last name first, if individual)		- 14
	<u>inipelinang mangga</u>	
Business or Residence Address (Number and Street, City, State, Zip, Code)		
	<u> </u>	0 1 1/
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer D	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Dusiness of Residence Address (Trumper and Street, City, State, ZIP Code)		

A. BASIC IDENTIFIC	CATION DATA		
2. Enter the information requested for the following: CONT'D			
Each promotor of the issuer, if the issuer has been organized within the promotor of the issuer, if the issuer has been organized within the promotor of the issuer.	- ·		
• Each beneficial owner having the power to vote or dispose, or direct the issuer;	vote or disposition of, 10	% or more of a clas	is of equity securities of the
Each executive officer and director of corporate issuers and of corporate	general and managing pa	artners of partnershi	p issuers; and
Each general and managing partner of partnership issuers.			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)	<u> </u>		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip C	Code)		**************************************
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
			in the second of
Business or Residence Address (Number and Street, City, State, Zip Co	dé) T	esa e e e e e e e e e e e e e e e e e e	
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code))		
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Co	de)		
And the state of t			
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)			

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		\boxtimes
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual	\$ 35,00	00*
*May be waived in the discretion of the Issuer to permit a lesser investment. 3. Does the offering permit joint ownership of a single unit?	Yes	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is		
an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last Name first if individual)		
N/A		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	□ A 11	Ctataa
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	☐ All	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[PA]	
	[PR]	
Full Name (Last Name first if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
Name of Associated Broker of Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]	
Full Name (Last Name first if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
Name of Associated Broker of Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	☐ All	
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]	
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[MO]	
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[PA]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]	
	,	
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS		

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregat Offering Pr			Amount Already Sold
	Debt	\$_	0		\$_	
	Equity	\$	0		\$	
	☐ Common ☐ Preferred				_	
	Convertible Securities (including warrants)- 20 Units, each Unit consisting of 10,000 shares of common stock and warrants to purchase 5,000 of such shares	\$_	700,000		\$_	212,187
	Partnership Interests	\$_	0		\$_	
	Other	\$_	0		\$_	
	Total	\$	700,000		\$	212,187
	Answer also in Appendix, Column 3, if filing under ULOE.				_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
			Number Investors			Dollar Amount of Purchases
	Accredited Investors	_	2		\$_	212,187
	Non-accredited Investors	_	0		\$_	0
	Total (for filings under Rule 504 only)	_			\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		T			Della Assault
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505				\$	
	Regulation A				\$	
	Rule 504	_			s -	
	Total	-			\$	P
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				_	
	Transfer Agent's Fees				\$_	
	Printing and Engraving Costs		•••••		\$	
	Legal Fees		•••••	\boxtimes	\$	2,500
	Accounting Fees				\$ \$	·
	Engineering Fees				~_ S	
	Sales Commissions (specify finders' fees separately)] [Ψ-	,
	Other Expenses (identify)] [٠-	
					۰ پ	2.500
	Total		••••••	\boxtimes	ۍ -	2,500

C. OFFERING PRICE NII	MBER OF INVESTORS, EXPENSES A	AND USE OF	PROCEEDS	
b. Enter the difference between the aggregate of Question 1 and total expenses furnished in response "adjusted gross proceeds to the issuer."	offering price given in response to Part C - Question 4.a. This difference	rt C -		§_697,500
5. Indicate below the amount of the adjusted gross profor each of the purposes shown. If the amount for ar check the box to the left of the estimate. The total gross proceeds to the issuer set forth in response to P	ny purpose is not known, furnish an estimation of the payments listed must equal the ac	ite and		
		Di	ayments to Officers, irectors, & Affiliates	Payments To Others
Salaries and fees		X \$ 50,	000	\$ 100,000
Purchase of real estate		□ \$ <u>0</u>	🗆	\$ 0
Purchase, rental or leasing and installation of ma	chinery and equipment	□ \$ <u>0</u>	X	\$ <u>4,500</u>
Construction or leasing of plant buildings and fac	cilities	□ s <u>0</u>	X	\$ 35,000
Acquisition of other businesses (including the va that may be used in exchange for the assets or see merger)	curities of another issuer pursuant to a	□ s 0		\$ 0
Repayment of indebtedness		□ \$ 0	X	\$ 140,000
Working capital		□ \$ 0	<u> </u>	\$ 263,000
Other (specify):		s		
		□ 0	X	\$ <u>105,000</u>
Column Totals		· · · · · · · · · · · · · · · · · · ·		\$ 647,500
Total Payments Listed (column totals added)			k \$ 697,50	0
	D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed by signature constitutes an undertaking by the issuer to fundamentation furnished by the issuer to any non-accredite.	urnish to the U.S. Securities and Exchange	ge Commissio		
Issuer (Print or Type)	Signature/		Date	
Organotek Defense System Corporation	1418 /aln-	ku K	ව , 5/28/0	3
Name of Signer (Print or Type)	Title of Signer (Print or Type)	· · · · · · · · · · · · · · · · · · ·	*	
Oleg Lagutenko	CEO/President			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E.	STATE	SIGNATURE	

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?.....





See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Organotek Defense System Corporation	(10) Cafr of 60, 5/28/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Oleg Lagutenko	CEO / President

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to non-actinvestors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2) Number of Number of			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
AL	1 65	110		1117 000015	Amount	Micsells	Amount	1 63	110
AK				.,					
AZ				······					
AR									
CA						1			
со									
СТ									
DE									_
DC									
FL									
GA		X	Convertible- common stock with warrants for purchase: \$700,000	1	\$210,000	0			Х
ні									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD				:					
MA									
MI									
MN									
MS									

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				No. 188	APPENDIX	F.W. + P.				
1	:	2	3			4			5	
	Intend to non-a investor	l to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and Irchased in State t C-Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
				Number of		Number of				
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No	
MO	163	110			Amount		Aniount	163	110	
MT										
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
ND								i		
ОН										
ок										
OR										
PA										
RI										
sc										
SD										
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI										
WY		X	Convertible- common stock with warrants for purchase: \$700,000	1	\$2,187	0			Х	
PR	1									